

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000054983

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** BEAUX ARTS ASSET MANAGEMENT, CORP.

**Current Principal Place of Business:**

ATTN: ANDRES BAZO  
2525 PONCE DE LEON BOULEVARD, SUITE 400  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: ANDRES BAZO  
2525 PONCE DE LEON BOULEVARD, SUITE 400  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 30-0568503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** PEREZ-SILVA, RUBEN  
**Address:** 2525 PONCE DE LEON BOULEVARD, SUITE 400  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** PEREZ PARRA, ANA GERTRUDIS  
**Address:** 2525 PONCE DE LEON BOULEVARD, SUITE 400  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RUBEN PEREZ-SILVA

D

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date